

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2021
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HIXSON		STREET ADDRESS, CITY, STATE, ZIP CODE 5798 HIXSON HOME PLACE HIXSON, TN 37343		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments Construction: Type V (111) Stories: 1 Plans available on site Constructed: 2011 Sprinkled: Yes Census: 59 Certified Beds: 108 A Life Safety complaint investigation of intake #TN00053146 conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 2/9/2021. During this Life Safety complaint investigation, Life Care Center of Hixson was found in substantial compliance with the requirements of the Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards for Nursing Homes and National Fire Protection (NFPA) 101 Life Safety (2012 Edition).	N 000		
N 002	1200-8-6 No Deficiencies This Rule is not met as evidenced by: During the Life Safety complaint investigation of intake #TN00053146 conducted on 2/9/2021, no deficiencies were cited under 1200-08-06, Standards for Nursing Homes.	N 002		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE